

was noted in 16 patients (20%). Incidence of types of arteritis Type I- 04%; Type II- 05%, Type III -66%; Type IV - 21%; Type V- 04%. Vessels involved were aortic arch (53%), renal artery (38%), subclavian artery (18%), descending aorta (22%), carotid (15%), coronary (15%) and pulmonary artery (4%). 40 patients (50%) were on antihypertensive therapy, out of which 5 cases needed renal artery stenting. 24 patients were on steroid maintenance therapy, which helped in lowering of ESR. 5 patients were on both methotrexate and steroid.

**Conclusions:** Aortoarteritis is a rare disease, more commonly seen in young females in second and third decade. Type III involvement was more common. Most patients require repeated and at times, prolonged course of therapy. Although mortality was low, substantial morbidity occurred in most patients.

### Study of clinical presentation in patients with LMCA disease

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**Background:** Left main coronary artery disease is considered a dreaded entity among CAD. Clinical presentation of LMCA presents atypically in comparison to other coronary artery stenosis.

**Objective:** To study the clinical presentation of patients with LMCA disease vs. non LMCA disease in patients with CAD.

**Methods:** 508 patients admitted to department of cardiology with CAD between Jan 2013 and December 2013 who underwent CAG were analysed retrospectively. Patients were divided into 2 groups with and without LMCA.

**Results:** Among 508 patients who underwent CAG 102 patients had significant LMCA disease, 406 patients without LMCA disease. Atypical Chest pain (mid scapular pain with radiation to front of chest) with/without dyspnoea was more prevalent in patients with LMCA disease. Atypical chest pain with dyspnoea was present in 37pt in LMCA vs. 18 pt in non-LMCA (34.5% vs. 4.43%,  $p<0.001$ ) while atypical chest pain was present in 42 pt with LMCA vs. 53 pt in non LMCA group (41.17% vs. 13.05%,  $p<0.001$ ) while typical angina was present in 23pt in LM disease vs. 335pt with non-LMCA pt (22.5% vs. 82.5%,  $p<0.046$ ).

**Conclusion:** This study concludes that atypical chest pain especially midscapular pain with radiation to front of chest if associated dyspnoea strongly predicts for LMCA over non- LMCA disease.

### Cardiac manifestations in HIV

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**Background:** Cardiac manifestations in HIV are varied and only a few studies are available from India.

**Methods:** 100 HIV – infected patients attending the Osmania general hospital were included in this prospective study irrespective of their duration of their illness and ART status. Patients with evidence of heart disease previous to the diagnosis of their HIV infection were specifically excluded.

**Results:** Among 100 patients 82% are males and 18% are females. were staged according to WHO clinical staging of HIV/AIDS. 6% belong to stage 2, 50% belong to stage 3 and 44% belong to stage 4. incidence of cardiac manifestations is 22% among the HIV patients

in males is 23.17% it is 16.66% in females. most common is dilated cardiomyopathy 22.72%, pericardial effusion 18.18%, coronary artery disease 13.63%, pulmonary hypertension 13.63%, left ventricular hypertrophy 9.09%, diastolic dysfunction 4.54%, mitral valve prolapsed 4.54%, other valvular heart disease 4.54%, pulmonary thromboembolism 4.54% and mediastinal mass 4.54%. Comparing various stages of HIV, in stage 2 one patient has mitral valve prolapse. In Stage 3 the incidence is 18% and the incidence in stage 4 is 27.27%. The incidence of dilated cardiomyopathy and pericardial effusion is higher in stage 4. The incidence is 100% and 75% respectively. The incidence of pulmonary hypertension, coronary artery disease, left ventricular hypertrophy and diastolic dysfunction is found to be more in stage 3. The incidences are 66.67% for each of these conditions. Almost 86.37% of manifestations occur when CD<sub>4</sub> count is below 250. 78.95% of males consume alcohol and 84.21% of males smoke. Dyslipidemia is seen in 22.73% with cardiac disease and in patients without cardiac diseases 2.56%. Systemic HTN is seen in 22.72% in patients with cardiac disease and in patients without cardiac disease is 2.56%. DM in 18.18% in patients with cardiac disease and in patients without cardiac disease is 1.28%.

**Conclusions:** Cardiovascular complications are commonly seen in HIV-infected patients. The presence of risk factors like systemic HTN and DM increases the risk of cardiac diseases.

### Study of cardiovascular manifestations in HIV infected adult patients

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**Background:** India is estimated to have 2.4 million HIV-infected individuals. HIV affects all systems of body, cardiac abnormalities being less well documented.

**Aims:** Study prevalence of cardiac diseases in HIV/AIDS pts, the types of cardiac diseases and comparison of the prevalence and type of cardiac diseases between pts who had treatment and who had not.

**Methods:** Two hundred consecutive HIV positive pts were included. Detailed clinical profile, examination, routine investigations, ECG and ECHO etc were done, angiograms not done due to cost issues.

**Results:** 86% of pts were between 15–49 yrs, only 14% >50. 65% were males, 35% females. 64% patients had CD<sub>4</sub> count <200, 25% patients 201–350 and 11% had more than 350. 45% patients were on ART and 55% pts were not on ART. 67 pts had AIDS and 33 pts did not have AIDS. Cardiac disorders were detected in 44%, 56% pts had no cardiac disorders. Cardiac symptoms were present in only 5% of pts. 6% pericardial effusion, 5% systolic dysfunction, 5% pulmonary hypertension, 4% dilated cardiomyopathy, 1% mitral regurgitation. 80% had normal ECG, sinus tachycardia 15%, low-voltage-complexes 5%. 75% normal chest X-ray, cardiomegaly in 6%. 50% had cavity/infiltrates, 16% pleural effusion, 26% pneumonia, 5% bilateral extensive reticulonodular shadows. Low Hb level was significantly associated with cardiac disorder. Symptomatic cardiac disease was present in patients-with-AIDS (CD<sub>4</sub> <200). Pts with cardiac disorders had significantly low CD<sub>4</sub> count as compared to the pts without. Lower CD<sub>4</sub> count significantly associated with pericardial effusion. Two patients on ART had cardiomyopathy and as against four patients who were not on ART.